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CONFIRMATION NO. 3421

SERIAL NUMBER 10/690,257	FILING OR 371(c) DATE 10/21/2003 RULE	CLASS 706	GROUP ART UNIT 2129	ATTORNEY DOCKET NO. 92717-345USP1	
APPLICANTS Oscar A. Chappel, Odessa, FL;					
** CONTINUING DATA ***** This application is a CIP of 10/336,104 01/03/2003 and is a CIP of 09/859,320 05/16/2001					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/20/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
ADDRESS Stanley R. Moore, Esq. Jenkins & Gilchrist, P.C. Suite 3200 1445 Ross Avenue Dallas, TX 75202-2799					
TITLE Method of and system for rules-based population of a knowledge base used for medical claims processing					
FILING FEE RECEIVED 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		